

ADULT #1: *First Name:		*Last Name:				
*Birthdate:	1 1	*Gender:	*Ethnici	ity:	Veteran:	
			Male	Hispanic/Latino	_	Yes
SSN:			Female	Non-Hispanic/Non	-Latino	No No
'Race:				Special Needs:		
	American Indian or Alaskan Native	As	sian		Mental Illness	Alcohol Abuse
	Black or African-American	N	ative Hawaiian		Drug Abuse	HIV/AIDS
	White	or	Other Pacific Islander	<u> </u>	MRDD	Physical Disability
Monthly Inco	me Sources at Admission:			_	Domestic Violence	
,	Earned Income: \$		Unemployment benefits:	\$		
	SSI: \$		SSDI: \$			
	Veteran's Disability Payment: \$	_	Private Disability Insurar	nce: \$		
	Worker's Compensation: \$	_	TANF: \$			
	General Public Assistance: \$	_	Retirement from SSA: \$			
	Veteran's Pension: \$	_	Pension from a former jo	ob: \$		
	Child Support: \$	_	Alimony or other spousa			
	Other: \$	_	None	• •		
	Emergency shelter (including a youth shelt or campground paid for with emergency transitional housing for homeless persons. Permanent housing for formerly homeless. Psychiatric hospital or other psychiatric fact Substance abuse treatment facility or detor Hospital (non-psychiatric). Jail, prison, or juvenile detention facility. Room, apartment, or house that you rent	cy shelter voucher) (including homeless you persons (such as SHP, illity		Staying or living in Hotel or motel paid Foster care home Place not meant for	se that you own I a family member's room, apa I a friend's room, apartment, of I for without emergency shelt I or foster care group home I habitation (e.g. vehicle, aba I tion or anywhere outside)	or house er voucher
Disabiling Co	ondition:					
	No Yes: (Sele	ct One)		*Head:		
	Don't Know		e substance use disorder		Yes	No
	Refused	Serious me		*D 1 (' / 11 '		
	Yes		ntal disability	*Relation to Head:		
		Chronic ph	ysical illness or disability		Self	Sibling
	, ,				Spouse	Friend
Move In:	/ / Move Or	ut: / /			Parent	Grandparent
Page 1 o	of 8				_	Adult Child



ADULT #2: *First Name:		*Last Name:				
*Birthdate:	1 1	*Gender:	*Ethnici	ty:	Veteran:	
		_	Male	Hispanic/Latino	-	Yes
SSN:			Female	Non-Hispanic/Nor	n-Latino -	No
Race:				Special Needs:		
	American Indian or Alaskan Native	As	ian		Mental Illness	Alcohol Abuse
	Black or African-American	Na	tive Hawaiian		Drug Abuse	HIV/AIDS
	White	or	Other Pacific Islander	<u> </u>	MRDD	Physical Disability
onthly Inco	me Sources at Admission:			_	Domestic Violence	
•	Earned Income: \$		Unemployment benefits:	\$		
	SSI: \$	_	SSDI: \$			
	Veteran's Disability Payment: \$	_	Private Disability Insuran	ce: \$		
	Worker's Compensation: \$	_	 TANF: \$	_		
	General Public Assistance: \$	_	Retirement from SSA: \$			
	Veteran's Pension: \$		Pension from a former jo	b: \$		
	Child Support: \$		Alimony or other spousal			
	Other: \$	_	None	.,		
	Emergency shelter (including a youth shelter or campground paid for with emergency and the shelter of campground paid for with emergency and the shelter of campground paid for homeless persons. Permanent housing for formerly homeless persons. Psychiatric hospital or other psychiatric facility or detox. Hospital (non-psychiatric) Jail, prison, or juvenile detention facility. Room, apartment, or house that you rent.	ey shelter voucher) (including homeless you persons (such as SHP, \$ lity		Staying or living in Hotel or motel pai Foster care home Place not meant for	n a family member's room, apa n a friend's room, apartment, of d for without emergency shelt or foster care group home or habitation (e.g. vehicle, aba tion or anywhere outside)	or house er voucher
Disabiling Co	ondition:					
	No Yes: (Selec	ct One)		*Head:		
	Don't Know		e substance use disorder		Yes	No
	Refused	Serious me				
	Yes		ntal disability	*Relation to Head:		
		Chronic phy	sical illness or disability		Self	Sibling
					Spouse	Friend
Move In:	/ / Move Ou	ıt: / /			Parent	Grandparent
Page 2	of 8				_	Adult Child



ADULT #3: *First Name:		*Last Name:				
*Birthdate:	1 1	*Gender:	*Ethnici	ty:	Veteran:	
			Male	Hispanic/Lati	no	Yes
SSN:			Female	Non-Hispanio	c/Non-Latino	No
Race:				Special Needs:		
	American Indian or Alaskan Native	Asia	an		Mental Illness	Alcohol Abuse
	Black or African-American	Nat	ive Hawaiian		Drug Abuse	HIV/AIDS
	White	or (Other Pacific Islander		MRDD	Physical Disability
lonthly Inco	me Sources at Admission:				Domestic Violence	
•	Earned Income: \$		Unemployment benefits:	\$		
	SSI: \$		SSDI: \$			
	Veteran's Disability Payment: \$		Private Disability Insurar	nce: \$		
	Worker's Compensation: \$		TANF: \$			
	General Public Assistance: \$		Retirement from SSA: \$			
	Veteran's Pension: \$		Pension from a former jo	bb: \$		
	Child Support: \$		Alimony or other spousa	I support: \$		
	Other: \$		None			
esidence P	rior to Program Entry:					
0010011001	Emergency shelter (including a youth shelte	r. or hotel. motel.		Apartment or	house that you own	
	or campground paid for with emergenc				ing in a family member's room, apa	artment, or house
	Transitional housing for homeless persons (h)		ing in a friend's room, apartment, o	
	Permanent housing for formerly homeless p	-			el paid for without emergency shelt	
	Psychiatric hospital or other psychiatric facil		, , , , , , , , , , , , , , , , , , , ,		ome or foster care group home	
	Substance abuse treatment facility or detox				ant for habitation (e.g. vehicle, aba	andoned building.
	Hospital (non-psychiatric)	oo.ne.			n station or anywhere outside)	and sumaning,
	Jail, prison, or juvenile detention facility			Other	in station or any whore satisfact	
	Room, apartment, or house that you rent			Don't Know		
	Troom, apartment, or nodes that you rent			Refused		
isabiling Co	ondition:			rtordood		
	No Yes: (Selec	t One)		*Head:		
	Don't Know	Diagnosable	substance use disorder		Yes	No
_	Refused	Serious men	tal illness			
_	Yes	Developmen	tal disability	*Relation to Head	:	
	-	Chronic phys	sical illness or disability		Self	Sibling
					Spouse	Friend
Move In:	/ / Move Ou	t: / /			Parent	Grandparent
Page 3 o	- (0					Adult Child



ADULT #4: *First Name	»:	*Last Name:				
*Birthdate	o:	*Gender:	*Ethnicity	r:	Veteran:	
			Male	Hispanic/Latino	-	Yes
SSN	l:		Female	Non-Hispanic/No	n-Latino	No
Race:				Special Needs:		
	American Indian or Alaskan Native	Asi	an		Mental Illness	Alcohol Abuse
	Black or African-American	Nat	tive Hawaiian		Drug Abuse	HIV/AIDS
	White	or (Other Pacific Islander		MRDD	Physical Disability
onthly Inco	ome Sources at Admission:			_	Domestic Violence	
Officially frice	Earned Income: \$		Unemployment benefits: \$			
	SSI: \$		SSDI: \$			
	Veteran's Disability Payment: \$		Private Disability Insurance	o. ¢		
	Worker's Compensation: \$		TANF: \$	σ. φ		
	General Public Assistance: \$		Retirement from SSA: \$			
	Veteran's Pension: \$		Pension from a former job:			
	Child Support: \$		Alimony or other spousal s			
	Other: \$		None	мрроп. ф		
	Emergency shelter (including a youth shelter or campground paid for with emergence Transitional housing for homeless persons (Permanent housing for formerly homeless persons). Psychiatric hospital or other psychiatric facilical Substance abuse treatment facility or detox Hospital (non-psychiatric) Jail, prison, or juvenile detention facility Room, apartment, or house that you rent	/ shelter voucher) including homeless yout ersons (such as SHP, S ity		Staying or living in Hotel or motel pa Foster care home Place not meant to bus/train state Other Don't Know	n a family member's room, apan n a friend's room, apartment, of id for without emergency shelt or foster care group home for habitation (e.g. vehicle, aban tition or anywhere outside)	or house ter voucher
Disabiling C	andition:			Refused		
	Yes: (Selec	t One)		*Head:		
	Don't Know	Diagnosable	substance use disorder	<u> </u>	Yes	No
	Refused	Serious men	ital illness		<u> </u>	
	Yes	Developmen	ntal disability	*Relation to Head:		
		Chronic phys	sical illness or disability	<u> </u>	Self	Sibling
				<u> </u>	Spouse	Friend
Move In:	/ / Move Ou	t: <u>/ /</u>			Parent	Grandparent
Page 4	of 8				 -	Adult Child



List all children under age 18 living in (or not living in) client's Household

CHILD #1:		-		,	(Circle	One: Living In Hous	sehold OR I	Not Living In Household)	
*First Name:			Last Name:			_ M	edicaid #:		
*Birthdate:	. / /		*Gender:			*Ethnicity:			
SSN:	:			Male Female			Hispanic/Latir		
*Race:									
	American Indian or Alaskan I Black or African-American	Native -	Asian Native Hawai		_	Caregiver Name			
	White		or Other Paci	fic Islander	Care	giver Relationsh	ip:		
*Education E	inrollment Status: Yes No	If Not Enroll of Enrollmer	ed, Last Date ht [MM/YYYY]:		*Type of School:	Public School Parochial or other p	private school	Day Ca	are
*Public Scho	ol Level:				School Name:				
	Pre-K	4	9						
	K	5	10		Primary Nighttime				
	1	6	11		(for non-residential pr	ograms)	Shelters	Hotel/N	
	3		12 Other (i.e. Ad	ult Education)			Doubled Up Unsheltered	Other ((Specify below):
*Barriers to E	Enrollment:				*Support Service	s Provided:			
	Eligibility for Homeless Servi	ces	None				None		
	School Records	_	School Select	tion			English Langu	uage Learners (ELL)	
	Transportation	_	Immunization	or Other Medical R	Records		Vocational Ed	ducation	
	Other Enrollment Issues (Spe	ecify)	Residency Re	equired			Special Educa	ation (IDEA)	
	Birth Certificates	_	Legal Guardia	anship Requiremen	ts		Gifted & Taler	nted	
	Physical Examination Record	- -							



CHILD #2:		(Circle One: Living In I	Household OR Not Living	In Household)	
*First Name:	*Last Name:		Medicaid #:		
*Birthdate: / /	*Gender:	*Ethnicity:			
SSN:		ale emale	Hispanic/Latino Non-Hispanic/Non-Latino		
*Race:					
American Indian or Alaskar		Caregiver N	ame:		
Black or African-American	Native Hawaiian	0	1.1		
White	or Other Pacific Islar	nder Caregiver Relation	nship:		
*Education Enrollment Status:	If Not Enrolled, Last Date	*Type of School:			
Yes	of Enrollment [MM/YYYY]:	Public School		Day Care	
No	/	Parochial or oth	ner private school	N/A	
Public School Level:		School Name:			
Pre-K	9				
K	5 10	*Primary Nighttime Residence:			
1	6 11	(for non-residential programs)	Shelters	Hotel/Motel	
2	712	<u>_</u>	Doubled Up	Other (Specify below):	
3	8 Other (i.e. Adult Edu	cation)	Unsheltered		
Barriers to Enrollment:		*Support Services Provided:			
Eligibility for Homeless Ser	vicesNone	_	None		
School Records	School Selection		English Language Lear	ners (ELL)	
Transportation	Immunization or Oth	er Medical Records	Vocational Education		
Other Enrollment Issues (S		_	Special Education (IDE	A)	
Birth Certificates	Legal Guardianship	Requirements	Gifted & Talented		
Physical Examination Reco	ords	_			



CHILD #3:		(Circle One: Living In I	Household OR Not Living	In Household)
*First Name:	*Last Name:		Medicaid #:	_
*Birthdate: / /	*Gender:	*Ethnicity:		
SSN:		Male Eemale	Hispanic/Latino Non-Hispanic/Non-Latin	00
*Race:				
American Indian or Alaskar		Caregiver N	ame:	
Black or African-American	Native Hawaiian	0	1.1	
White	or Other Pacific Isla	ander Caregiver Relation	nsnip:	
*Education Enrollment Status:	If Not Enrolled, Last Date	*Type of School:		
Yes	of Enrollment [MM/YYYY]:	Public School		Day Care
No	/	Parochial or oth	ner private school	N/A
Public School Level:		School Name:		
Pre-K	4 9			
К	510	*Primary Nighttime Residence:		
1	6 11	(for non-residential programs)	Shelters	Hotel/Motel
2	712		Doubled Up	Other (Specify below):
3	8 Other (i.e. Adult Ed	ucation)	Unsheltered	
Barriers to Enrollment:		*Support Services Provided:		
Eligibility for Homeless Sen	vicesNone	_	None	
School Records	School Selection		English Language Lear	ners (ELL)
Transportation	Immunization or Ot	her Medical Records	Vocational Education	
Other Enrollment Issues (S			Special Education (IDE	A)
Birth Certificates	Legal Guardianship	Requirements	Gifted & Talented	
Physical Examination Reco	ords			



CHILD #4:		(Circle One: Living In I	Household OR Not Livir	ng In Household)		
*First Name:	*Last Name:	Medicaid #:				
*Birthdate: / /	*Gender:	*Ethnicity:				
SSN:	Ma Fe	ale male	Hispanic/Latino Non-Hispanic/Non-La	tino		
*Race:						
American Indian or Alaskan I		Caregiver N	ame:			
Black or African-American	Native Hawaiian	0 1 0 1	1.			
White	or Other Pacific Islan	der Caregiver Relation	nship:			
*Education Enrollment Status:	If Not Enrolled, Last Date	*Type of School:				
Yes	of Enrollment [MM/YYYY]:	Public School		Day Care		
No	/		ner private school	N/A		
*Public School Level:		School Name:				
Pre-K	9					
K	10	*Primary Nighttime Residence:				
1	611	(for non-residential programs)	Shelters	Hotel/Motel		
2		-	Doubled Up	Other (Specify below):		
3	8 Other (i.e. Adult Educ	cation)	Unsheltered			
*Barriers to Enrollment:		*Support Services Provided:				
Eligibility for Homeless Service	ces None		None			
School Records	School Selection	_	English Language Lea	arners (ELL)		
Transportation	Immunization or Other	er Medical Records	Vocational Education			
Other Enrollment Issues (Spe	ecify) Residency Required		Special Education (ID	EA)		
Birth Certificates	Legal Guardianship F	Requirements	Gifted & Talented			
Physical Examination Record	ls	_	·			